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Although general counselor characteristics are related to positive client outcomes, an examination of counselor behaviors which may be more specific to the counseling situation is necessary. Discussed here are two variables specific to the counseling situation: (1) counselor immediacy, the degree to which the counselor ignores or explores client references to the counselor, and (2) confrontation, the response of the counselor who sees such a great discrepancy between himself and his client that he must confront the client. Some 56 interviews were assessed for levels of sympathy, warmth, and genuineness. The interviews were rated on five major types of confrontation. High functioning therapists confront their clients significantly more often than low functioning therapists. The high functioning therapists also used experiential, strengths, and encouragement to action confrontations significantly more often than low functioning therapists. (PS)

Beyond the Core Conditions:

Immediacy and Confrontation*

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As a result of the work by Truax and his co-workers (summarized in Truax and Carkhuff, 1967) a major change has occurred in terms of how we look at counseling. They have found that we can make more sense out of counseling and make better predictions about client outcome if we focus on counselor characteristics.

Furthermore, other writers, (e.g., Mitchell, 1967) have suggested that, as far as the early research has been concerned, an emphasis on the counselor-as-person, i.e., who he is, has been more profitable than an emphasis on what he does, i.e., his techniques. In line with this kind of thinking, Shapiro (1967) has demonstrated, for example, that those lay persons in the community who are turned to for help most often, and who are seen as most effective, are also seen as offering higher levels of the core conditions of empathy, warmth, and genuineness than people in the community who are not turned to.

The fact that lay persons who are seen as most helpful possess these qualities would seem to suggest that these qualities are central to the counselor or helper-as-person. That is, the effective counselor or helper probably is empathic, warm, and genuine in most of his interpersonal relationships. Other evidence that this must be the case stems from findings that high levels of these conditions, usually as high as experienced professionals, can be attained by lay persons after only 100 hours of training.

There are two important conclusions to be drawn from these findings. First, perhaps we should place more emphasis on the initial selection of counselors than their subsequent training. Second, we are led to focus on the counselor-as-person. It is how he uses himself - his person - his relationship with a client that accounts for what is probably most effective in counseling.

This has been a good start - the demonstration that certain fairly general counselor characteristics are related to positive client outcome. Now, perhaps, we can move beyond these general characteristics and look at counselor behavior which may be more specific to the counseling situation. But we need to do this in a new light - we need to look at these specific behaviors insofar as they are both structurally and functionally related to those characteristics which are central to the counselor-as-person. To put it another way, it is most likely that the same behavior has very different consequences in the hands of a counselor high on the core conditions in comparison to a counselor low on these

conditions. We can't talk about such concepts or behaviors as interpretation or confrontation any longer as if they were unitary. In a very real sense they are different behaviors in the hands of different counselors.

I should like to talk about two variables which are probably more specific to the counseling situation. The first we have termed counselor immediacy - i.e., the degree to which the counselor ignores or explores client references to the counselor (Mitchell and Mitchell, 1967). A basic assumption is that all client talk is at least partly aimed at the counselor - both in terms of saying something about their relationship and expecting a response from the counselor, in turn.

We feel that until this part of the message is clarified, it is very difficult to get any other work done. In terms of the Immediate Relationship Scale (IRS), at stage 1, the counselor ignores client overt or covert references to himself. At stage 2, the counselor ignores client references to other personnel. At stage 3, the counselor does not ignore references to himself because there are no obvious cues, but neither does he encourage the client to explore the possibility that his statements might have some reference to the counselor. At stage 4, the counselor does this very cautiously, suggesting, for example, that perhaps the client also has other persons or situations in mind. At stage 5, the counselor becomes more personal, but cautiously, suggesting that the client may be talking about the counselor. At the sixth, and final stage, the counselor directly points the client's remarks toward their here-and-now relationship.

We have some data, but let me just recapitulate for a moment. We assume that part of <u>all</u> client statements are aimed directly at the counselor. Sometimes this part is not important but at other times it is quite important, although often covert. In either case, we need to determine this as soon as we can. First, because we need to teach the client that he can refer to ongoing relationships in an overt, effective manner when he needs to do so, and, second, because such a clarification should cut through a number of transference difficulties of which are not really very helpful. Thus, the Immediate Relationship Scale (IRS) is a measure of the degree to which the counselor encourages the client to explore <u>all</u> parts of his messages - to discover the degree to which he is referring to the counselor.

Let me offer a concrete example. Suppose a client comes in, sits

down, says he needs help very badly, but goes on to complain about all those persons who have not helped him in the past. It might be most important to discover just what he expects of us. Does he see us as just another impotent counselor? This part of his message would have to be clarified before the two of us could have any relationship at all.

Turning to some data, some process studies (Mitchell, Mitchell, and Berenson, 1967) indicate that high levels of immediacy are related to high levels of empathy, warmth, and genuineness. In other words, those counselors who offer high levels of the core conditions and, therefore, would be expected to produce positive client improvement also offer high levels of immediacy.

We asked, then, if immediacy is related to client outcome. Thus, in another study (Mitchell and Mitchell, 1967), we found that high levels of immediacy were related to positive client outcome and that, in fact, holding the core conditions constant, there is some suggestion that immediacy might be a somewhat better predictor of client outcome than the core conditions.

Let me now turn to confrontation. Historically, confrontation has been seen as a fairly aggressive counselor response that should be used only against unusually aggressive clients, and then only to stop their acting-out behavior. Confrontation was seen as a downright hostile act if the client were not himself hostile. However, our data suggests that confrontation in the hands of a counselor high on the core conditions is a very different thing than confrontation in the hands of a low functioning counselor.

Actually, we see confrontation as something quite different. We see it as the response of a counselor who sees such a great discrepancy between himself and his client that he must confront the client if they are going to move on. We see it as an encounter - as involving a real risk that the relationship may terminate.

By way of clarification, let me contrast confrontation with a deep interpretation. An interpretation is an explanation - it tells a client what he is doing and/or why. However, it tells nothing about the counselor, and does not necessarily mean that the client has to act - or change his behavior.

On the other hand, we see confrontation as a counselor action demanding

action in the client. Essentially the counselor says there is a great gap between us and we can't go on until something is changed. As you can see, it involves a real encounter and risks the end of the relationship.

Now, let me turn to some findings (Berenson, Mitchell, and Laney, 1967; Berenson, Mitchell, and Moravec, 1968).

In terms of the basic design, 56 interviews representing the work of 56 therapists and counselors were first assessed for levels of empathy, warmth, and genuineness. The therapists and counselors represented a wide sample of experience ranging from advanced level graduate students in counseling and clinical psychology to psychiatrists, psychologists, and social workers with more than 15 years experience. The sample included therapists and counselors who were employed in in- and out-patient clinics and college counseling centers. Clients and patients ranged from minimally disturbed college students to hospitalized schizophrenics.

Five major types of confrontation were employed: Experiential, Didactic, Strength, Weakness, and Encouragement to Action. Raters were two first-year graduate students in clinical psychology extensively trained to identify appropriate types of confrontation.

Experiential confrontation was defined as the therapist's specific response to any discrepancy between patient and therapist's experiencing of the patient, or to any discrepancy between patient statement about himself and patient's inner experience of himself, or to any discrepancy between patient and therapist's experience of the therapist. A Didactic confrontation was defined as the therapist's direct clarification of the patient's misinformation or lack of information. This type of confrontation may include the therapist's efforts to offer the patient information based on test data, behavior, or data about some aspect of the world as well as details about the therapist or the structure and function of the therapy process. Confrontation of Strength referred to an experiential confrontation which focused on the patient's resources. Weakness referred to an experiential confrontation which focused on the patient's liabilities or pathology. Finally, Encouragement to Action involved the therapist pressing the patient to act on his world in some constructive manner and discouraging a passive stance toward life. Frequency and type of confrontation were accepted only when the two independent judges agreed upon both presence and type of confrontation.

I should like to summarize the findings without getting too involved in statistical detail.

We divided the counselors and therapists into high and low functioning on the basis of a mean score based on scales measuring empathy, warmth, genuineness, and concreteness. Those functioning about 2. 5 on 5 point scales were classified as high functioning while those below 2. 5 were classified as low functioning. Of the 56 therapists and counselors, 13 were classified as high and 43 as low functioning.

We then looked at both frequency and type of confrontation employed by these two groups of therapists. First, we found that high functioning therapists, on the average, confront their patients and clients significantly more frequently than do low functioning counselors and therapists. This was the case whether the patients were in- or out-patients, or college students.

This is an important point. Historically, confrontation was seen as a relatively tough or even hostile act. Yet we found that those therapists who, on the basis of other research, seem more likely to produce positive client change are also more likely to confront their clients than low functioning therapists and counselors.

Turning to type of confrontation, we found that, independently again of patient type, high functioning therapists and counselors used experiential confrontations much more frequently than low functioning therapists and counselors. In other words, the high functioning counselor was much more concerned with having both counselor and client truly experience each other than was the low functioning counselor.

We also found that the 13 high functioning therapists and counselors used as many strengths and encouragement to action confrontations as the low functioning therapists. This difference was also significant. It would appear that other aspects of high functioning counselors include their ability to perceive and encourage client strengths and action. Sometimes the action may not be appropriate but again, the effective counselor, in the context of other characteristics, encourages an active rather than passive stance.

Finally, we found that low functioning therapists used weakness confrontations significantly more often than high functioning therapists. This last finding is quite interesting. Truax and Carkhuff (1967) have

demonstrated that low levels of the core conditions lead not simply to no change but to actual deterioration. We may now see another reason for this. These therapists and counselors not only offer low levels of empathy, warmth, and genuineness but among other things they may do, they also encourage their patients and clients to focus on pathology. At a time when the patient or client might have his first real chance to be respected, to learn what some of his strengths might be so that he can face his difficulties more realistically, he is again told how weak and sick he is.

Let me point out that the findings on confrontation to date are based on first interviews although we are now engaged in some outcome research. However, we can divide counselors into high and low on the core conditions, immediacy and confrontation within the first interview. This is in itself a striking finding and there seems to be no reason why this should change over time. But we will look into it.

In summary, I've talked about two counselor behaviors which seem to be more unique to counseling but which are also related to more general characteristics of the counselor. Both immediacy and confrontation, as I see it, add much to the core conditions. We are now talking about encounters, risk-taking behavior and the willingness and ability of the counselor to put himself on the line as a change agent. In a real sense, and especially at the beginning of the relationship, the counselor or therapist makes himself more active and responsible so that, later, the client can become more active and responsible.

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